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TREASURE STATE HEALTH

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Governor Proclaims "Cleaner Air Week"

Governor Forrest H. Anderson presents a proclamation to Dr. John S. Anderson (left), executive officer, State Department of Health, designating October 24-30, 1971, as Cleaner Air Week in Montana.

The role of the individual in preventing air pollution and "supporting the efforts of the state and local governments to provide us with a continually improved quality of ambient air" was emphasized in a proclamation issued by Governor Forrest H. Anderson that designated the period of October 24-30, 1971, as Cleaner Air Week in Montana.

Through the issuance of the proclamation, Montana joined with most other parts of the nation in observance of the event that marked a significant educational effort aimed at the general public that was designed to point up the importance of air pollution control efforts.

"Many health authorities have indicted air pollution as a causative factor in the marked increase in the incidence of lung cancer, chronic bronchitis and emphysema and increased death rates from diseases of the heart and lungs," the proclamation noted.

"WHEREAS, the Congress of the United States has declared that the prevention and control of air pollution at its source is the primary responsibility of the states and of local governments to protect and enhance the quality of the nation's air resources so as to promote the public health and welfare and the productive capacity of its population; and

"WHEREAS, the Legislature of the State of Montana has declared it to be the public policy of this state to achieve and maintain such levels of air quality as will protect human health and safety, and to the greatest degree practicable, prevent injury to plant and animal life and property, foster the comfort and convenience of the people, promote the economic and social development of this state and facilitate the enjoyment of the natural attractions of this state; and

"WHEREAS, the achievement of these purposes requires a personal commitment on the part of all of our citizens to the realization of these objectives.

"NOW, THEREFORE, I, FORREST H. ANDERSON, Governor of the State of Montana, do hereby proclaim October 24-30, 1971, as Cleaner Air Week in Montana and call upon

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Heart Clinics Termed Successful

Pilot coronary heart disease prevention screening clinics, held in two northeastern Montana counties early last spring, have proved so productive in detecting patients with high-risk factors associated with heart attacks that the new program will be expanded and extended to several other counties during 1971-72, according to Mary E. Soules, M.D., director of the Division of Disease Control, State Department of Health.

In addition, a follow-up questionnaire sent to patients attending the clinics in one county after six months revealed that a high percentage followed the recommendations made to them after the results of their tests were evaluated, Dr. Soules said.

THE CLINICS are sponsored by the State Department of Health in cooperation with the Montana Heart Association and rely heavily for staffing on both professional and lay volunteers from the community.

Screening procedures include height and weight, pulse and respiration, smoking and exercise history, blood pressure, a blood test for serum cholesterol, a detailed medical history (including family history), a screening electrocardiogram, diet history and counseling by a physician. If the physician feels it is indicated, some patients are advised to eat a high carbohydrate meal and return the next day for a diabetes test.

WHEN COUNTY CLINICS are scheduled, a concurrent effort is made to launch special teaching in the schools on risk factors associated with heart disease and departmental nutritionists and county public health nurses attempt to work with women's groups in teaching about preventive nutrition.

Valley and Roosevelt counties were selected as the sites of the first pilot clinics because an examination of data on mortality from coronary heart disease revealed that both areas had a percentage of deaths from this cause considerably higher than that of the state as a whole. Of equal significance, was the fact that the high death rate in these counties was occurring among populations much younger than the median age of the state's population.

DUE TO THE LENGTH of the screening procedures (approximately 1½ hours per person) patients were taken on an appointment-only basis and only a limited number could be served in the week-long clinics held in each county.

Altogther, 683 persons were screened in the two counties. The total was

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New Dental Health Project Launched

A new dental health project got underway early this fall in Flathead County aimed at providing dental health education, screening and preventive care for all first-grade children.

The project is under the direction of Dr. A. Jack Terrill, director of the Division of Dental Health, State Department of Health.

DR. TERRILL said the estimated cost of the project for the first year is $53,000. It was made possible by a $40,000 federal grant, matched by $5,000 cash from Flathead County and $8,000 in-kind services.

While the overall goal of the project is to improve the dental health of the target group of children in Flathead County, Dr. Terrill said, it also seeks to prove that proper dental care at an early age will reduce the need and cost of dental care throughout a lifetime. A sub-objective of the project is to demonstrate that such a program can be accomplished using private dentists instead of public clinics.

Screening of approximately 900 first graders got underway late in September. Children are being screened by Mrs. Jeanette Buchanan, of Columbia Falls, and Mrs. Benita Flaherty, of Kalispell, both of whom are graduate dental hygienists. Dr. Terrill estimated that it would take about four months to screen all children whose parents approved of the procedure.

FOLLOWING THE SCREENING, children will be referred to the county health department to determine family eligibility in the program. Those found eligible under the low income requirements, set forth in the grant, will be sent to the dentist of their choice for complete dental treatment. The cost of their care will be paid for from grant funds.

Children of families considered able to pay for their care will be referred to their own dentist.

As a rough estimate, Dr. Terrill be-

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TREASURE STATE HEALTH
OFFICIAL BULLETIN — STATE DEPARTMENT OF HEALTH
Helena, Montana 59601

Forrest H. Anderson, Governor
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Editorial . . .

Cleaner Air Week, which was observed October 24-30, throughout Montana and the United States, has become an effective tool in the educational process for an improved environment. The national observance has been an important factor during the past 23 years in developing public appreciation for the threat to health and welfare imposed by dirty air and for the growing need for remedial action.

The fact that air pollution is a factor in the marked increase in lung cancer, chronic bronchitis and emphysema, that it is a factor in increased death rates from heart and lung disease, that it is indirectly costing the nation more than $100 million annually in Social Security benefits to people under 65 with emphysema, is well documented.

Sufficient evidence has been gathered to make it mandatory that community action be taken now and sustained as long as necessary to reduce air pollution. For those who say they cannot afford to take effective anti-pollution measures, the only logical response is that they cannot afford not to take action. It is well understood that government must act fairly in this matter. It is further understood that business and industry must act responsibly. The people must act with understanding.

Effective governmental action for maintaining good quality air in Montana will depend on serveral distinct but related functions of government. A well-understood public policy, good and effective legislation, adequate funding of anti-pollution programs, efficient administration, cooperation among all levels and departments of government and consistent enforcement—all are required to successfully combat the problem of air pollution.

Public policy, established at the federal level, declares that air pollution control is primarily the responsibility of state and local governments. Certain exceptions, however, continue to arise due to ineffective state and local governmental management of their affairs in a manner consistent with the needs of communities.

For this reason, we in Montana should make an aggressive effort at all levels of government, and at all levels of industrial, community and individual activity, to determine that we are the masters of our own destiny. Only if we do so, can we avoid the alternative of further federal regulations, which will surely come about if we fail to act. If we fail to act in a positive manner, the future conduct of our affairs will be mandated by the Congress.

This year's theme for Cleaner Air Week was "make air pollution control a personal matter," emphasizing the role of individuals in both polluting and cleaning up the air. It has become increasingly obvious that until each individual, each business and industry, each level of government and each community is willing to accept a more rigorous discipline in the control of air pollution, we will remain, in the long run, essentially unsuccessful in our efforts.

Clean air to breath, pure water to drink, wholesome food to eat —if we are to have these things we must make the quality of life the central issue of our lives.

John S Anderson M.D.

WASHINGTON DATELINE

President Nixon may not allow the U.S. Department of Health, Education and Welfare to spend the $606 million additional health funds appropriated by Congress, even though he signed the fiscal 1972 appropriations bill making it available.

Dr. Merlin K. DuVal, the new HEW assistant secretary for health and scientific affairs, said the extra money "reflects very clearly the interest that Congress has in health matters at this time." He added that "we're going to do what we can, within the ceilings allowed for expenditure, to fulfill as many of the Congressional intents as we can."

However, there is a "ceiling," Dr. DuVal said, "depending on what's available. The fact that Congress authorizes you to spend it doesn't say that it's available."

The White House's Office of Managenment and Budget, he said, "sets its ceiling based on . . . the cost of the national debt, the increase in social security payments and other obligations that go against the total tax income, which figure isn't necessarily known by the Congress when they pass their authorization bill."

The intent of Congress in increasing HEW's budget this year, he indicated, will more likely be taken into consideration by the administration in preparing next year's budget than in expanding programs originally planned for the 1972 fiscal year.

HEW has been criticized by the House Appropriations Committee as recently as July of this year for not spending extra money appropriated by Congress for health programs. Regional Medical Programs were given $44.5 million in additional funds in fiscal 1971 that were "impounded" by the administration. A committee report said it was "amazed" by that action.

"Such action would be understandable if the program had suddenly faltered and was failing to produce the intended results," the report said. "But this is not the case. What actually happened is just the opposite . . .

"Those who know the program well recognize that there is no horizon regarding the program's potential," it said.

Whatever the administration's final action on HEW's total funding, Dr. DuVal personally feels that "very substantial increases are necessary. I think we're one of the more underfunded agencies of the federal government."

In another matter, Dr. DuVal remained silent on the fate of the Public Health Service Commissioned Corps. He said that "my role, at the moment, is so sensitive that . . . it would be impossible for me to take a position."

Legislation to create a separate federal Department of Health with Cabinet rank and direct access to the President will be introduced soon by Rep. Paul G. Rogers (D-Fla.), House Commerce Subcommittee chairman.

The new health post, he suggests, would be headed up by "a good administrator" and "a top medical officer" such as the surgeon general of the U.S. Public Health Service.

Rogers said a separate department is needed because the U.S. Department of Health, Education and Welfare is overtaxed and "concern for health programs is running a poor third. The nation's health needs have been relegated to step-child status."

He charged that HEW has allowed accountants in the Office of Management and Budget to set health priorities and that a secretary of health is needed to take charge of key health programs, "not some White House assistant."

Rogers reported that he has polled his colleagues and has "sufficient support" to start building the idea, although he is not certain it can be accomplished in the current 92nd Congress.

Heart Clinics

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almost equally divided between men and women: 334 males and 349 females. Of that number, 598 persons were between the ages of 30 to 60 (87.6 percent), representing an age span where the heart attack rate generally is high and preventive measures could prove particularly fruitful.

Following are some of the results of the tests:

—313 persons, or 45.8 percent, had an elevated serum cholesterol.

—256 persons, or 37.8 percent, had abnormal or questionable electrocardiograms.

303 persons, or 44.4 percent, were found to be overweight.

—535 persons, or 78.3 percent, had a family history of heart disease

—66 persons, or 9.7 percent, had an elevated blood pressure.

—239 persons, or 35 percent, were cigarette smokers.

—206 persons, or 30.2 percent, registered a family history of diabetes.

THE FIRST CLINIC was held in Valley County and six months later a follow-up questionnaire was sent to all patients attending the clinics from there. Roosevelt County is still to be surveyed and the data from Valley County are as yet incomplete. Nevertheless, some indication of the effectiveness of the clinics can be drawn from the returns that are in.

So far, of a total of 334 questionnaires mailed to clinic patients in Valley County, 161 were returned, a response rate of 48.2 percent which is considered particularly good.

Some 87 patients said they had been advised to consult their physicians and 77 said they had done so. Another six patients said they had also consulted their physicians, although they had not been told to do so at the clinics.

SIXTY-TWO PATIENTS responded that they had been advised to lose weight and 38 said they had registered losses, ranging from 3-4 pounds to 40 pounds. The mean weight loss was 13.4 pounds. Also, another nine patients said they had lost weight even though they were not told it was necessary. The mean weight loss for this group was 10.3 pounds.

When asked if they had made any changes in their dietary habits to reduce the risk of heart disease, 82 respondents said they had done so.

Twenty-three patients said they had been advised to consult their physicians about their blood pressure and all indicated that this recommendation had been followed. In addition, four patients said they had consulted a physician about their blood pressure although they had not been told to do so at the clinic.

THE LOWEST INCIDENCE of success was among cigarette smokers. Ten persons responded that they had cut down on the amount smoked and four said they had quit altogther.

Dr. Soules said data from the two counties, when completely tabulated, will later be compared to findings among patients in counties with a low death rate from coronary heart disease and counties with an average death rate to see if there is a statistically significant difference between the various groups.

SMILES by Mitzi

I guess Pa's going to take a bath. The lady said something about voluntary sterilization.

Professional Staff Changes Announced

Jon Nicholas Bolstad is working as an Environmental Engineer I in the Division of Air Pollution Control and Industrial Hygiene. A native of Grand Forks, North Dakota, Mr. Bolstad attended the public schools in Great Falls, Montana, and was graduated from Montana State University, Bozeman, with a B.S. degree, majoring in chemical engineering. His previous experience includes work as a technical assistant with the Anaconda Company where he was required to carry out various tests and projects related to the operation of the zinc plant, including studies of thermal pollution and waste water analysis.

Merle F. DeVoe has been employed as an audiologist in the hearing conservation program, Division of Disease Control. He will be stationed at the Center for Handicapped Children, Billings. Mr. DeVoe holds a B.S. degree from Western Montana College, Dillon, and an M.S. degree from the Oregon College of Education, Monmouth. He also attended Southern Illinois University, at Carbondale and has completed work on an Ed.D. degree at the University of Montana, Missoula, with the exception of his dissertation. He is a native of Dawson, North Dakota, and was an instructor at the University of Montana before accepting his present position.

Larry Eugene Holman has received an appointment as an Air Pollution Control Specialist I in the Division of Air Pollution Control and Industrial Hygiene. Mr. Holman attended public schools in Dodson, Montana, and holds both B.S. and M.S. degrees from Montana State University, Bozeman. He is a native of Billings, Montana. While attending MSU, Mr. Holman was a graduate research assistant and worked on a research project concerning the variation of winter and mountain precipitation as related to meteorological and physical factors.

Kenneth L. Quickenden, Ph.D., has been employed as a Sanitarian III in the Division of Environmental Sanitation, where he is working as a vector control specialist. Dr. Quickenden attended the public schools in Great Falls, Montana, received a B.S. degree with a general major from Montana State University, Bozeman, and later another B.S. degree from that institution with a major in entomology. He later returned to MSU where he was awarded a Ph.D. in 1969, with a major in entomology and a minor in biochemistry. He is a native of Lewistown, Montana, and before coming with the department was a post-doctoral fellow with the National Research Council of Canada.

Adeil Harris Wallett has been employed as a Public Health Nurse IV in the Division of Nursing. She is assigned to the Maternal and Child Health program. A native of Choteau, Montana, Mrs. Wallett received her diploma in nursing from the Columbus Hospital School of Nursing, Great Falls, and a B.S. degree with a major in nursing education from the University of Oregon, at Eugene. She also attended the University of Hawaii School of Public Health where she was awarded a Master of Public Health degree. Prior to accepting her present position, she was employed by the University of Hawaii School of Public Health as a Maternal and Child Health Specialist. Previously, she was supervisor of public health nursing at the Benton County Health Department, Corvallis, Oregon.

Samuel J. Murfitt is working as a Sanitarian I in the Division of Environmental Sanitation. A native of Helena, Montana, he attended public schools in Helena and East Helena. He also attended Carroll College, Helena, and was graduated with a B.S. degree from Western Montana College, in Dillon. He was previously employed in maintenance and sanitation work for the City of Helena and the City of East Helena. He has also worked for the State Fish and Game Department and the Montana Highway Department.

AMERICAN ASSOCIATION OF DOCTORS' NURSES PROMOTES STICKERS

WHY SHOULD WE SMOKE?
We stink so bad now We've never been kissed.
Copyright 1970 by American Association of Doctors Nurses

WHY SHOULD WE SMOKE?
We can endure our own stink but not a worse one.
Copyright 1970 by Am. Assn. of Doctors Nurses

WHY WOULD I SMOKE?
My chick turns me on, her cigarette breath turns me off.
Copyright 1970 by Am. Assn. of Doctors Nurses

WHY SHOULD WE SMOKE?
Why worsen our natural smell.
Copyright 1970 by Am. Assn. of Doctors Nurses

Assorted Stickers available 50¢ per 100 postpaid. Minimum order $1.00. (Cash or stamps). $3.00 per 1000 postpaid. Write to American Association of Doctors' Nurses, 9600 Colesville Road, Silver Spring, Maryland 20901

The American Association of Doctors' Nurses has announced introduction of a series of anti-smoking "Spunky Skunky" cartoons geared specifically to young people. The cartoons feature two skunks. Among the captions used are "OF COURSE WE SMOKE. DOESN'T ONE GOOD STINK DESERVE ANOTHER?" "OF COURSE WE SMOKE. HAVEN'T YOU EVER HEARD OF THE POWER OF POSITIVE STINKING?"

Bob Bickford, AADN's Executive Director said, "It is one of the paradoxes of American life that young people can be induced to spend billions of dollars for perfumes, colognes, deodorants, special soaps, cosmetics to make themselves romantically attractive to the opposite sex, and then simultaneously can be conned into spending additional billions for cigarettes which undo the beneficial results of the perfumes, deodorants and cosmetics.

"That the younger generation, perhaps the most honest-thinking generation in American history, should go along with this inconsistency is something difficult to understand," concluded Mr. Bickford.

The copyrighted cartoons are being distributed by AADN members through doctors' offices and schools. Proceeds will be used to continue AADN's educational efforts in the anti-smoking field.

Mr. Bickford acknowledged some persons might object to the cartoon captions, but he asserted, "The death toll from cigarette smoking has reached epidemic porportions and it is time now to 'tell it like it isn't.' Cigarette smoking **isn't** romantic, it **isn't** healthy, it **isn't** attractive, and it doesn't give sex appeal. It is just the opposite."

Samples of the Spunky Skunky assorted cartoon stickers may be had by writing the American Association of Doctors' Nurses, 9600 Colesville Road, Silver Spring, Maryland 20901.

Proclamation

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all of our citizens during this period to examine the ways they may personally contribute to efforts to reduce air pollution by taking such actions as may reduce or eliminate any individual contribution they may make to the problem and by supporting the efforts of the state and local governments to provide us with a continually improved quality of ambient air," the Governor said in his proclamation.

Dental Project

(Continued From Page 1)

lieves that some 300 children will qualify under the low income criteria.

HE AND THE OTHER PROJECT STAFF are striving for parent participation, to have parents on hand when the students are screened so they fully understand the program and can carry on with the educational part by reinforcing the teaching the children will get.

After students are screened, they receive a talk on good eating habits and some general information about tooth care. They then learn proper brushing habits.

Students who are treated will be recalled every six months through their second school year. In addition, the same program will be carried out with new first graders next year. Dr. Terrill hopes the program will be perpetuated and that children can be followed from first grade through high school.

Timely Tips on SAFETY

Have you ever had a headache, accompanied by dizziness, that you couldn't explain? Was your vision affected? At the same time did you feel terribly tired and sleepy—so sleepy it was impossible to hold back the yawns? And was it hard to focus your attention on what you were doing?

Perhaps the cause of your illness was a mild case of a prevalent, dangerous, but too often unsuspected poison. This poison—carbon monoxide— is a gas that you cannot see, taste, or smell. It does not tickle the throat, nor make the eyes smart, nor make its presence known in any other ordinary way.

CARBON MONOXIDE (chemically, CO) is produced by the incomplete burning of a solid, liquid, or gaseous fuel. When a person is exposed to the gas in a place without adequate ventilation, poisoning occurs, sometimes very quickly.

CO gets to us all: the poor who use unvented or poorly vented gas heaters and appliances in their homes and the more affluent who use them in travel trailers. CO from automobile exhaust makes an increasing contribution to outdoor air pollution, and carbon monoxide also kills hundreds annually by polluting air indoors.

IF CARBON MONOXIDE poisoning does occur, knowing what to do and acting quickly can save a life. This is especially true in cases of acute CO poisoning when time is of utmost importance. These are the steps to take:

—Remove the victim to fresh air immediately.

—If the person is not breathing, or is breathing irregularly, start mouth-to-mouth resuscitation at once.

—Have someone call for help immediately, but do not leave the victim.

—Until emergency equipment arrives, continue mouth-to-mouth resuscitation and keep the victim warm.

—Give the victim nothing to eat or drink.

—When emergency equipment and personnel arrive, let them take over.

—Take the victim to the hospital.

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Employment Opportunities

Public Health Nurse IV (Maternal and Child Health)	Master's Degree and four years experience, including two years in MCH.
Public Health Engineer II	Master's Degree in Sanitary or Public Health Engineering, or Bachelor's Degree and two years experience.
Sanitarian III	B.S. degree in science and five years experience, or M.S. degree and three years.
Sanitarian II	M.S. degree, or B.S. degree in science and two years experience.
Clinical Psychologist	M.S. degree in clinical psychology or a B.S. degree and two years of experience including handicapped children.
Health Care Facilities Surveyor	B.S. degree and three years of experience related to hospital administration or operation.
Public Health Biologist	M.S. degree in biology or zoology and three years experience in aquatic biology.

Contact Administrative Officer, State Department of Health, Cogswell Bldg., Helena, Montana 59601.